

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 462755 FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4	/		/			
5			/			
6			/			
7	/		/			
8			/			
9			/			
10			/			
11	/		/			
12	2		/			
13	/		/			
14	/		/			
15	/		/			
16	/		/			
17	/		/			
18	/		/			
19	/		/			
20			/			
21			/			
22			/			
23			/			
24	/		/			
25	3		/			
26	/		/			
27			/			
28	/		/			
29	/		/			
30	/		/			
31	8		/			
32	5		/			
33	9		/			
34	9		/			
35	9		/			
36	9		/			
37	/		/			
38	9		/			
39			/			
40	/		/			
41			/			
42			/			
43			/			
44			/			
45			/			
46	/		/			
47	/		/			
48	/		/			
49	/		/			
50	/		/			
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/		/		
52		/		/		
53		/		/		
54		/		/		
55	/		/			
56		/		/		
57	/		/			
58		/		/		
59		/		/		
60		/		/		
61		/		/		
62		/		/		
63		/		/		
64		3		/		
65		3		/		
66		3		/		
67	/		/			
68		1		/		
69	/		/			
70		2		/		
71		2		/		
72	/		/			
73		/		/		
74		/		/		
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						